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| APPLICATION NO.  | FILING DATE  |  | FIRST NAMED INVENTO   | R .   | ATTORNEY DOCKET NO.   | CONFIRMATION NO.  |
| 10/788,466 03/01/2004 Steven Louis Shafer 44893-0004 9229 TITLE OF INVENTION: OPIOID DELIVERY SYSTEM |  |  |   |   |   |   |
| APPLN, TYPE  | SMALL ENTITY   | ISSUE FEE DUE  | PUBLICATION FEE DUE   | PREV. PAID ISSU   | E FEE TOTAL FEE(S) DU   | JE DATE DUE   |
| nonprovisional   | YES  | \$755  | \$300   | \$0   | \$1055  | 12/04/2009  |
| EXAM   | IINER  | ART UNIT   | CLASS-SUBCLASS  | 7   |   |   |
| ALSTRUM ACEVEDO, JAMES HENRY   |  | 1616   | 514-225500  | <b></b>   | ,   |   |
| "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.  3. ASSIGNEE NAME A                        | ND RESIDENCE DATA<br>less an assignee is ident<br>h in 37 CFR 3.11. Comp   | "Indication form<br>led. Use of a Customer  A TO BE PRINTED ON ' | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY) |   |   |   |
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| a. Applicant claim   | s SMALL ENTITY statu   | is. See 37 CFR 1.27.   |   | _   | LL ENTITY status. See 37  |   |
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